Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  207 7590 12/02/2004				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, muchave its own certificate of mailing or transmission.		
4/2005 EHAILE2 00000063 10076059		MAD 0	3, 2005	Adina Davis		(Depositor's nam
7AA AA OD		MAR U 3 ZUW		adima Days		(Signatur
C:2501 C:1504	700.00 QP 300.00 QP 30.00 QP	TEAT	- With	March 1, 2		(Dat
C:8001 APPLICATION NO.	FILING DATE	FIRST NAMED IN		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/076,059 02/14/2002			Nicola Neretti		MEDMT-001XX	8499
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional YES		\$685		\$300	\$985	03/02/2005
EXAMINER		ART UNIT	r (	CLASS-SUBCLASS	•	
NGO, CHUONG D		2124		708-300000		
PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND	ion (or "Fee Address" Indica or more recent) attached. Use RESIDENCE DATA TO B	e of a Customer  E PRINTED ON TH	listed, no name v	t or type)		
	an assignee is identified be 37 CFR 3.11. Completion (	low, no assignee da of this form is NOT	ata will appear on a substitute for fili	the patent. If an assigning an assignment.	ee is identified below, the o	locument has been filed f
recordation as set forth in	•		RESIDENCE: (CI	TY and STATE OR COU	INTDV)	
(A) NAME OF ASSIGNE	ΞE	` ,	`		•	
(A) NAME OF ASSIGNE		` ,	`	ovidence, Rho	•	
(A) NAME OF ASSIGNE BROWN UNIVE	EE RSITY RESEARCH	FOUNDATION	Pro	ovidence, Rho	•	oup entity 🚨 Governme
(A) NAME OF ASSIGNE  BROWN UNIVE  Please check the appropriate  4a. The following fee(s) are 6	RSITY RESEARCH assignee category or categor	FOUNDATION ries (will not be prin 4b.)	Payment of Fee(s)	: Individual I Co	de Island	oup entity
(A) NAME OF ASSIGNE  BROWN UNIVE  Please check the appropriate  4a. The following fee(s) are of the state of	RSITY RESEARCH assignee category or categorenclosed:	ries (will not be prin 4b.	reted on the patent) Payment of Fee(s) A check in the	: Individual LCc: : amount of the fee(s) is end	de Island rporation or other private gr	oup entity Governmen
(A) NAME OF ASSIGNE  BROWN UNIVE  Please check the appropriate  4a. The following fee(s) are of the state of	RSITY RESEARCH assignee category or categorenclosed: mall entity discount permitte	ries (will not be prin 4b. 3	reted on the patent) Payment of Fee(s) A check in the a	: Individual LCo: amount of the fee(s) is end dit card. Form PTO-2038	de Island  rporation or other private gr  closed.  is attached.	<del> </del>
Please check the appropriate  4a. The following fee(s) are of the state of the stat	RSITY RESEARCH  assignee category or categorenclosed:  mall entity discount permitted Copies 10	ries (will not be prin 4b. 1  the diagram of the prin  4b. 1  the prin  4b. 1  the prin  4b. 1	Payment of Fee(s) A check in the a Payment by cre The Director is Deposit Account N	Individual Constitution of the fee(s) is endurated to the fee(s) is endurated. Form PTO-2038 thereby authorized by chumber 23-0804	rporation or other private greelosed. is attached. large the required fee(s), or enclose an extra contraction.	credit any overpayment, copy of this form).
(A) NAME OF ASSIGNE  BROWN UNIVE  Please check the appropriate  4a. The following fee(s) are of the second	RSITY RESEARCH  assignee category or categor enclosed: mall entity discount permitte Copies 10  (from status indicated above) MALL ENTITY status. See 3	ries (will not be prin 4b. ]  d)  7 CFR 1.27.	Protected on the patent) Payment of Fee(s) A check in the a Payment by cre The Director is Deposit Account N  b. Applicant is	Individual Constitution of the fee(s) is end dit card. Form PTO-2038 is hereby authorized by chumber 23-0804	rporation or other private green closed. is attached. harge the required fee(s), or (enclose an extra condition.)	credit any overpayment, copy of this form).
(A) NAME OF ASSIGNE  BROWN UNIVE  Please check the appropriate  4a. The following fee(s) are of the lister of the lister of the lister of the USPTO in NOTE: The Issue Fee and Pinote:  (A) NAME OF ASSIGNE BROWN IN ASSIGNED ASSIGNED IN ASSIGNED IN ASSIGNED ASSIGNED IN ASS	RSITY RESEARCH  assignee category or categor enclosed: mall entity discount permitte Copies 10  (from status indicated above MALL ENTITY status. See 3 is requested to apply the Issu ablication Fee (if required) w	ries (will not be prin 4b.)  d)  7 CFR 1.27.  e Fee and Publication will not be accepted for the second sec	Payment of Fee(s) A check in the a Payment by cre The Director is Deposit Account N  b. Applicant is a on Fee (if any) or t	individual LCo indivi	rporation or other private greelosed. is attached. large the required fee(s), or (enclose an extra control of the control of t	credit any overpayment, topy of this form).  FR 1.27(g)(2).  ation identified above.
Please check the appropriate  4a. The following fee(s) are of the following fee (No start) Publication Fee (No start) Advance Order - # of the following in Entity Status (Control of the following fee (No start) Publication Fee (No start) Advance Order - # of the following fee (No start) Advance	RSITY RESEARCH  assignee category or categor enclosed: mall entity discount permitte Copies 10  (from status indicated above MALL ENTITY status. See 3 is requested to apply the Issu ablication Fee (if required) w	ries (will not be prin 4b.)  d)  7 CFR 1.27.  e Fee and Publication will not be accepted for the second sec	Payment of Fee(s) A check in the a Payment by cre The Director is Deposit Account N  b. Applicant is a on Fee (if any) or t	Individual Constitution of the fee(s) is end dit card. Form PTO-2038 thereby authorized by chumber 23-0804 the longer claiming SMAI or re-apply any previously than the applicant; a regiment of the constitution of the fee(s) is end did constit	rporation or other private greelosed. is attached. large the required fee(s), or (enclose an extra control of the control of t	credit any overpayment, sopy of this form).  FR 1.27(g)(2).  ation identified above, he assignee or other party

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.